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STATISTICS OF POISONING IN NEW ENGLAND.

BY CHARLES T. JACKSON, M.D.

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MESSRS. EDITORS,—It is desirable that statistics of poisoning in this country should be laid before the medical public, in the form of tabular statements. I have therefore ventured to prepare such a table of my own researches in this department of science, for the last quarter of a century, and would request other chemists and medical gentlemen, who have been engaged in similar labors, to publish, in this form, the cases they have examined, with the discovery of poisons.

The whole number of cases recorded in my laboratory notes, in which analysis has been made for poisons, is forty, and of this number in only fourteen was poison actually discovered. It will be observed that the statement in toxicological authorities, that arsenic is by far the most common and frequent instrument of secret poisoning, is sustained by my analyses. Not a single instance of strychnia poisoning has been met with, notwithstanding the fact that it was searched for by Staas's and other approved processes, in nearly all the cases in which I failed to detect mineral poisons.

Phosphorus, in the form of "vermin exterminator," is a new poison, only recently introduced into the list of instruments of murder, and it will be seen that we have had two well-marked cases, where that terrible and inflammable poison, phosphorus, has been criminally employed.

It will be impossible to know whether the crime of poisoning is on the increase or not, until we have before us the statistics giving all the cases that have happened, with their dates. It is certain that suspicion of poisoning has very rapidly increased within a few years, and so far as the present table can be relied upon in forming an opinion, it would appear that the crime is on the increase in this country; but this apparent increase may arise from the fact that *post-*

mortem examinations and chemical analyses are more common now than they were twenty-five years ago. We do not know how many persons who were buried as having died of disease, may have died of poison. We have one case in these tables, that of James Rose, of Charlestown, who was supposed to have died of Asiatic cholera, but after it was discovered that his wife, subsequent to his death, was poisoned by arsenic, his body was exhumed after it had been buried at Mount Auburn for a year, and found actually preserved from decay by arsenic, which was found in large quantities in the stomach and bowels, as well as in the abdominal cavity, in the state of a rich yellow sulphide of arsenic, the sulphur having come from the chemical changes which the stomach and contents underwent after burial.

Tabular List of Cases of Poisoning, from 1837 to 1860, analyzed by CHARLES T. JACKSON, M.D.

No.	Year.	Person poisoned.	Residence.	Analysis ordered by	Poisons found.
1	1837	Mrs. Parkman.	20 miles from Norridgewock, Me.	Supreme Court of Norridgewock, Me.	Arsenic in form of arsenious acid, and opium in large lumps.
2	1839	J. P. Staunton.	Monson, Ms.	Coroner, Justice, and Attorney-General Austin. Brought by Dr. A. Smith.	Arsenious acid in coarse powder and in fine round grains.
3	1840	Mrs. L. Moore.	Boston.	Lucy Moore and the Mayor of Boston.	Arsenic. Case not fatal; attempted poisoning.
4	1850	James Rose.	Charlestown, Ms.	Coroner and Dr. Jacob Hayes.	Sulphide of arsenic abundant; body had lain in the grave a year.
5	1850	Mrs. Rose.	Charlestown, Ms.	Coroner and Dr. Jacob Hayes.	Arsenious acid, or white arsenic.
6	1855	Alonzo Bancroft.	Blackstone, Ms.	Coroner Southgate, of Blackstone.	Antimony; accidental or from medicine taken.
7	1855	Phebe A. Morgan.	Boston.	Coroner C. H. Stedman, M.D., per Dr. F. S. Ainsworth.	Chloroform; accidental, at a dentist's office.
8	1857	H. J. Gardner.	Hingham, Ms.	Coroner and Justice Jas. S. Lewis, Esq.	Arsenious acid, or white arsenic.
9	1857	Mrs. L. Briggs.	Stoughton, Ms.	Coroner and Justice Lemuel Gay, Esq.	Arsenious acid, or white arsenic.
10	1858	Dixon Family.	Elliot, Me.	Sheriff or Constable of Elliot.	Arsenious acid, or white arsenic.
11	1858	Poisoned well.	Stoughton, Ms.	Name not taken down at the time.	Arsenic. Attempt to poison; not fatal.
12	1859	Blight child, colored.	East Cambridge.	Coroner Dearborn, thro' Dr. F. S. Ainsworth.	Phosphorus and arsenic —vermin exterminator.
13	1859	Debora O'Connel.	Boston.	Coroner Dr. E. B. Moore.	Phosphorus and arsenic —vermin exterminator.
14	1860	Hannah Grant.	Boston.	Coroner Dr. E. B. Moore.	Arsenic in form of arsenious acid.

Notwithstanding the increased facilities afforded for the commission of the crime of poisoning, by the discovery and general sale of the poisonous vegetable alkaloids, the equal advance of

chemical art, in the department of analysis, affords the means for detection of the crime. Still, I would remark, it must be extremely difficult to induce any one to take in food or drink those intensely bitter and very disagreeable tasting vegetable poisons, and especially strychnia.

Boston, Dec. 3d, 1860.

NOTE.—From 1840 to 1850, I sent all cases of poisoning which were brought to me, to my friend the late Dr. Martin Gay, and have no list by which I can state the number of them, and am not aware that Dr. Gay preserved notes of his work. The number of cases that occurred in those ten years could not have been more than four or five in which poisons were discovered by analysis.

Chemists throughout the New England States are requested to publish, in the above form, a list of the cases in which they have detected poisons by analysis, of stomach, bowels or their contents, in order to complete the statistics of poisoning, in New England, for the past quarter of a century. C. T. J.

EXCESSIVE USE OF NARCOTICS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I notice in your JOURNAL of Nov. 15th, an article by C. S. S., of Sag Harbor, on the excessive use of narcotics. I had a case, the past summer, which, if you think it worthy of publication, is at your disposal.

The patient was Mrs. A. H. S., æt. 42 years. Fifteen years ago, I was the family physician, afterwards having been succeeded by Dr. Mitchell. Up to that time she was considered a healthy woman. A homœopathist came into this place, by the name of Robinson—a very fascinating and jovial fellow—who, becoming acquainted with the family, was employed soon after as their physician. Sickness now began in the family. One child, attacked with erysipelas, soon died. Mrs. S.'s health continued very poor, and the man of small pills informed her that she had neuralgia of the womb, and that for the severe pain which she experienced she must take morphia in doses of one eighth of a grain. This was eight years ago. She took this medicine for four years, the last six months of the time using a drachm in two weeks. She now went Eastward, and, by the advice of physicians in Philadelphia, was induced to abandon it, but not without a severe struggle. She returned to Janesville, with her health improved. Being taken unwell shortly after, she sent for Dr. R. Her husband, who saw him, objected strongly to the further use of morphia; but he persisted, and again prescribed it.

This was in August, 1855. She carried it about her constantly, one drachm lasting her about three weeks. In 1856, she took a

drachm every two weeks; in 1857, a drachm in one week; in 1858, a drachm in from four to six days. In 1859, up to Nov. 25th, when she was confined to her bed, she took from two and a half to three drachms a week. From the 25th of November, 1859, to the 1st of May, 1860, when I first saw her, she was taking from four to six drachms per week. Her nurse told me that she had often given her a teaspoonful of the dry powder three times a day, by order of the homœopathist. A physician, of Chicago, was called to see her in February or March, 1860, and gave it as his opinion that she must die within a short time, as there was no remedy for her.

On the 1st of May, I was called. Had I seen her in any other place, I should not have known her. She was very much emaciated; the skin yellow and shrivelled up; eyes sunken in the head; tongue dry and cracked in places; pulse 110; clammy sweat over the whole surface; respiration hurried; and the patient so nervous that the least movement in the room would make her spring from the bed. It was with great difficulty that she could talk so as to be understood. In the afternoon I called, in company with Dr. Coriell, and, after consulting with him, informed her husband that if he was willing I should treat her in my own way, and if there should be no interference from any quarter, I would undertake the case. Accordingly, on the third day of May, I took charge of the patient, making the following prescription:—R. Hydrargyri submuriatis, grs. iv.; sodæ bicarbonatis, grs. vi. M. Together with 60 drops per hour of the tincture of valerian. During this day she took fifty grains of morphia.

May 4th.—The bowels were moved by an injection. One tablespoonful of serpentaria tea was given every two hours. She took thirty grains of morphia.

Continued the same treatment on the 5th and 6th of May, she taking but forty grains of morphia in the two days. The patient was less nervous, and had some sleep.

7th.—A tablespoonful of lac assafœtida, two ounces to the pint, was taken every hour. The stomach was rubbed with croton oil. Patient took fifteen grains of morphia.

8th.—Very quiet; and had the best night's rest she had had for months. Prescription same as yesterday, except as to amount of morphia, which was ten grains.

From the 9th to the 14th, the same treatment was continued, with the exception of lessening the dose of morphia.

From the 12th to the 14th, the bowels were moved by the assafœtida.

15th.—Discontinued assafœtida and morphia; pulse 80; tongue moist; skin natural; patient sits up in bed; says that the past few months have been as a dream to her. Gave McMunn's elixir of opium, in the dose of twenty drops three times a day.

16th.—Patient rested well all night; bowels were moved without

injection. Ate baked potatoes for breakfast, and relished them. R. Fifty drops of McMunn's elixir during the day.

17th.—Slept well during the night; pulse 70; was dressed and in charge of an attendant; drove in a carriage a few squares, and returned.

She continued to drive every day till the 10th of June, when she commenced walking, and weighed 95 pounds. She uses one bottle of McMunn's elixir in a week.

July 13th.—Started for Philadelphia, and was gone six weeks. On returning home, she met with an accident on the cars at Crestline, and was badly bruised. Was suffering intensely, but took no opiates whatever to assuage the pain. She has now recovered, and her health is as good as in former days; her weight is 130 pounds.

JOSEPH S. LANE, M.D.

Janesville, Wis., Nov. 28th, 1860.

P. S.—Six weeks previous to my seeing her, she was attended by an "Eclectic" physician, who told her that her condition was due to the "turn of life," and treated her accordingly, at the same time allowing her to keep her drachm of morphia under her pillow to use as she thought best. After she commenced walking, the catamenia appeared, and from that time she rapidly improved.

J. S. L.

TRANSMISSIBILITY OF SYPHILIS BY VACCINATION.

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THE results of the labors of M. Alexandre Viennois, in elucidating the obscure subject of the transmissibility of syphilis by vaccination, are summed up in the *Gazette des Hôpitaux* of Sept. 22d, as follows:—

"When we vaccinate a syphilitic subject, in whom the disease is only in a latent state, syphilitic symptoms may break out under the influence of the vaccine virus. These symptoms, noticed in a number of cases, consist in general eruptions, papular, vesicular, pustular, &c. There is never a primitive chancre developed at the point of vaccination.

"When we take vaccine virus from a person tainted with syphilis, and inoculate a healthy subject *with the pure virus*, without any mixture of blood, we get as a result merely a vaccine pustule, without any syphilitic complication, immediate or remote. On the contrary, if with vaccine from a syphilitic subject, affected or not with constitutional symptoms, we vaccinate a healthy subject, and the point of the lancet has been charged with a little *blood* as well as vaccine matter, we may communicate by the same puncture both diseases; the vaccine with the vaccine lymph, and syphilis with the syphilitic blood.

"In these cases, of which M. Viennois has collected in his work numerous instances, the vaccine disease is developed first, because its incubation is shorter, and its evolution more rapid, than those of syphilis; this last appears afterwards, and shows itself at once by a characteristic lesion at the point of inoculation.

"The initial lesion, then, by which syphilis shows itself, succeeding the vaccine pustule, presents itself as an *indurated ulcer*, with a number of inflamed glands—in a word, with all the characters of a primary syphilitic chancre.

"After this primary chancre, developed at the point of inoculation and going through the ordinary stages, secondary symptoms appear and pass through the usual course, without anything to distinguish them from cases of syphilis communicated in any other way.

"The vaccine virus, then, is not a mere vehicle for the syphilitic poison, diluting and extending it as a drop of water might do, without modifying in any respect its properties or its effects.

"These facts being established, and it does not seem possible to doubt them after the scrupulous researches of M. Viennois, it is easy to see how important it is not to lose sight of them for a moment in practice. From them results this imperative precept, *never to vaccinate a suspected person*. M. Viennois, indeed, goes so far, if the subject for vaccination is a new-born infant, as is most commonly the case, that he would postpone, in every instance, vaccination until the period has passed at which hereditary syphilis usually manifests itself. If special circumstances render the vaccination imperative, it is necessary at any rate to take the greatest care to use only pure vaccine, without the least mixture of blood or any other fluid.

"In any case, we should never vaccinate healthy subjects with virus from a syphilitic subject." A.

CASE OF INTRA-UTERINE SMALLPOX.

By Dr. Alexander R. Simpson, Secretary to the Edinburgh Obstetrical Society, formerly Pres. of the Royal Med. Society.

Cases of intra-uterine smallpox are not so rare but that most of the Fellows of this Society have met with one in their own practice, or have seen them when exhibited here by others. It is but very rarely, however, that we have an opportunity of tracing out the progress of the intra-uterine disease so precisely as I was enabled to do in the case I have now to record.

Mrs. M'L., aged 22, and married for five years, miscarried on Friday, the 1st of July, 1858. She had had six miscarriages previously, and had usually gone to about the seventh month of gestation before the fœtus was expelled. One fœtus only was retained till the eighth month, and lived up to the time of its birth. She was generally in the enjoyment of good health; began to menstru-

ate when only 12 years of age, and menstruated regularly every fortnight. After the occurrence of the miscarriage in the beginning of July, 1858, already referred to, she menstruated once—in the end of the same month; but before the time for the recurrence of another catamenial period had arrived, she had become impregnated; and when I saw the patient for the first time, in the end of October, she presented all the appearance of a person in the third month of utero-gestation. She was then ordered to take ten grains of chlorate of potash three times a day, as all the facts that could be furnished in regard to the repeated miscarriages seemed to point to some atrophic disease of the placenta as the cause of the death of the successive infants. The patient continued to do well until the beginning of February, 1859. On the 7th of that month, I was sent for to see her; and on my arrival, I was told that on the 5th she had been out walking, when she found herself so poorly that she was obliged to hurry home. She had had some shivering fits that same morning, a good deal of sickness, and a feeling of soreness all over the body; and she was then laboring under a high degree of fever, while the skin was covered with a multitude of rough red spots, evidently the commencement of some eruptive disease. On the following day, it became quite clear that the patient had got an attack of modified smallpox. A number of discrete pustules broke out all over the body, most abundantly on the face, hands, and arms. They ran the usual course, and began to fade away after the ninth day; so that, on the 23d of the month, eighteen days from the onset of the disease, the patient was able to walk out of the house.

Up to this time the fœtal movements continued active as usual; but a few days afterwards, on the 25th or 26th of the month, they began to be feebler and less frequent. The patient took no heed of this circumstance for a day or two; but having at last become alarmed about it, she came to me. This was on Monday, the 28th of February. I found the sounds of the fœtal heart to be then very faint, feeble, and indistinct; but on visiting the patient at her own house on the following Friday (March 4th), I heard them again quite distinct, though less forcible than natural. I did not see her again till the forenoon of the Monday following; and on then listening through the stethoscope over the womb, found that the fœtal heart had ceased to beat, or, at least, that its sounds were no longer audible. On the preceding day, the patient had been out walking, when, as she averred, she became rather suddenly sensible of a feeling of weight, or falling down, in the womb, which compelled her speedily to return home. That, in the sensation thus experienced by the patient, we have an indication of the time when the fœtus died, it is of course impossible to determine; but there can be but little doubt that the probable date of its death was the 5th or 6th of March. On the 8th, the patient met with an accident; for, while voiding her urine early in the morning, the

utensil on which she was seated broke beneath her, and a number of cuts and scratches were inflicted on the hips and thighs. Fortunately, however, the genital organs were uninjured, and the patient speedily recovered from the effects of her mishap. I did not again see the patient till about two o'clock in the morning of Friday, the 22d of March, when I was summoned to deliver her. She had been suffering more or less from occasional pains, referred to the region of the womb, for two days previously; but the true labor pains had only set in about two hours before I arrived at her bedside, and by that time they had already succeeded in expelling the feet and body of the child. The head was soon delivered, and the placenta and membranes followed in due course.

As had been fully anticipated, the child at birth presented evidences of having been *in utero* the subject of an attack of variola; for a number of pustules, umbilicated in the centre, were found scattered here and there on the back, the head, and the thighs. The cuticle was separated, or easily separable, over a great part of the body, and the fœtus altogether was in the state of decay which we always expect to see in the case of a child that has lain for two weeks dead in the maternal womb. The pustules were but few in number, and but sparingly distributed over different parts of the body; and in consequence of the degree to which decomposition had gone on, several of them, as the members of the Society could observe, had fallen out at points where the cuticle was scaled off, and had left only cup-like depressions in the cutis vera. But enough were still left of a character sufficiently distinctive to show that the fœtus had suffered from smallpox, and that it had died at that period of the disease when the pustules had existed for seven or eight days—supposing always that the development of variolar pustules follows the same course in an intra-uterine subject that it does in a new-born child. The death of the fœtus in this instance, however, was not to be attributed to the attack of smallpox alone, or even to that chiefly. On the contrary, the attack, to judge from the small amount of eruption that had taken place, seems to have been, on the whole, rather a mild one; for the appearance of the pustules indicated the attainment of a stage of the disease too far advanced to allow it to be supposed that the intensity of the fever caused the infant's death before the eruption had time to be developed. It seems probable, indeed, that it would have survived that disease, and it might have been carried to the full time, and have been born alive, had there not been at hand another source of danger in the morbid condition of the placenta. As the members of the Society could perceive, the placenta was unusually small, pale, hard, and fibrous-looking, having undergone a change which has sometimes been described as fibrous degeneration, or cirrhosis of the placenta—a morbid condition of that organ which is well known to be an occasional cause of intra-uterine mortality.

But although the fœtus died, in all probability, of the defective nutrition and impeded oxygenation consequent on the diseased state of its placenta, and not of the attack of smallpox, of which it showed such distinct traces; yet the history of the case is interesting, as showing very exactly the date of the onset of the disease in the fœtus, and the length of time during which the mother suffered before the progeny in her womb became affected. We have, First, the mother attacked with the disease on Saturday, February 5th; the eruption appearing on the 7th, and beginning to fade on the 16th or 17th; and the patient so far recovered as to be able to be out of the house on the 23d of the month. She had fairly recovered, and the eruption had faded away, and left only its yet vascular scars behind, when, Secondly, on the 25th or 26th of the month, twenty or twenty-one days from the time of the commencement of her own attack, she began to miss the fœtal movements; and this marks the date of the onset of the disease in the fœtus. On the 4th of March, six or seven days after the fœtus thus seemed to have become affected, its heart-sounds were still distinct and clear; but on the third day afterwards, they were no longer to be detected. On the seventh or eighth day from the date of the commencement of its disease, the fœtus had died. In short, after the disease had run a course of three weeks' duration in the mother, and had expended itself in her constitution, the fœtus became affected by it, and died on the seventh or eighth day afterwards, although it was not expelled from the uterus till the end of another fortnight.—*Edinburgh Medical Journal.*

NEW SIGN OF POST-PARTUM DETACHMENT OF THE PLACENTA.

By John Clay, M.R.C.S., &c., Birmingham.

The rules usually given in obstetric manuals, and text books, for the management of the placenta, after the birth of the child, are: —to wait for a pain; or, to carry the finger along the cord to the os uteri, and, if its root can be felt, it may be fairly assumed that the placenta is thrown off, and may be easily extracted by gentle traction of the cord, with the aid of external manipulation. If these instructions be faithfully carried out, can we rely upon the facts elicited as infallible proofs that the placenta is separated from the uterus? Pain may mislead, as it frequently arises from other causes than contractions of the uterus; and even if the insertion of the cord can be felt, it is not always conclusive on this point, as the root of the cord may be sometimes felt when the uterus is in a flaccid condition, by using moderate traction on the cord, and yet the placenta be not thrown off. Besides, the patient often lustily complains of the smarting pains caused by the frequent examinations deemed necessary to ascertain the fact; and often she positively forbids such a mode of interference.

Four years ago I was led, from these causes, to investigate the subject, with the view of improving, if possible, upon the old mode of managing the deliverance of the after-birth. I thus ascertained certain facts, from which I came to the conclusion, that a very simple sign existed by which the separation of the placenta, after the birth of the child, might be indicated; and having tested it in upwards of nine hundred cases, I hope I may be considered to be fairly entitled to lay the results at which I have arrived before the profession.

Before dividing the umbilical cord, I always apply two ligatures, and make both sufficiently tight to prevent the occurrence of hæmorrhage. If the maternal part of the cord is now examined, it will be found to be in a flaccid condition, and almost free from blood; but if it be again examined, at an interval, say from one to three minutes, it will be found to have acquired increased specific weight, and that the vessels are more or less filled with blood. The one fact may be ascertained by poising the cord on the fingers; the other by slightly grasping the cord near the vagina, with the thumb and fore-finger of the left hand, and, with the fingers of the right hand, suddenly compressing it, when a well-marked sense of fluctuation is perceived underneath the fingers of the left hand—a kind of resiliance similar to the feeling produced when an elastic tube filled with fluid is suddenly compressed.

When the placenta is thrown off, or sufficiently detached to give rise to a tolerably free hæmorrhage, the cord loses its increased specific weight and the hydrostatic property just mentioned. These phenomena occur so invariably, that *the loss of the previously acquired hydrostatic properties of the cord after the birth of the child constitutes the sign of detachment* previously referred to.

The whole of the phenomena are manifested in three stages, viz.:—1st, a state of flaccidity; 2d, a state of repletion; 3d, a state of flaccidity.

If the umbilical cord be tightly grasped by a spasmodic contraction of the os uteri, or by irregular contractions of the body of this organ, the *loss* of the particular hydrostatic properties may be delayed for a brief interval; but in a few seconds the spasm subsides, and those phenomena are produced which indicate the separation of the placenta, and that this structure may be safely extracted. These signs are not, of course, always equally marked in every case—often requiring experienced tactile management, in order to detect their presence. When the uterus is in a flaccid condition, the phenomena are manifested in a very slight degree, but are still perfectly reliable. On the other hand, when the uterus is contracted, with some degree of firmness, on the placenta, they are so well marked that the most inexperienced may readily detect them. In cases of partially adherent placenta, the disappearance of the hydrostatic properties, after being once fully developed, and the failure to deliver the placenta by the usual mani-

pulations, have always indicated to me the necessity for promptly adopting artificial detachment by the introduction of the hand. In twin cases, if the cord is firmly tied, I have invariably found that the signs persisted until the birth of the second child. In one case, where the hydrostatic properties disappeared, after being well marked, before the birth of the second child, I found, on examination, that the corresponding placenta was detached, and I at once removed it, which otherwise would probably have been suffered to remain. Neither mother nor child incurred any risk.

It sometimes occurs that the placenta is separated simultaneously with the birth of the child. In this instance, the first series of phenomena may be absent; and it may be prudent to wait before proceeding to extract the placenta, although it may be generally effected with safety.

The practical value of the application of these facts to obstetrics is obvious, as by merely compressing the cord in the manner previously indicated, the precise time of separation may be easily ascertained, the placenta at once extracted, and the patients thus freed from those frequent annoying examinations usually employed. The prompt delivery of the placenta, on the first efforts of the uterus, is very important, as this organ contracts then more efficiently, and the risk of hæmorrhage is not so great, and it may be fairly assumed that the puerperal convalescence is not so protracted as under a more dilatory proceeding.

To students, or inexperienced practitioners, it might be a safe instruction to impart—not to interfere in the extraction of the placenta so long as the hydrostatic properties herein defined are persistent.—*Dublin Quarterly Journal of Medical Science.*

Bibliographical Notices.

Sixth Annual Report to the Legislature of South Carolina, relating to the Registry and Returns of Births, Marriages and Deaths in the State, for the Year ending December 31, 1859. By Robert W. Gibbes, Jr., M.D. Columbia, S. C. 1860. Pp. 116.

This admirable report comes to us with remarkable promptness, and evinces much care and faithfulness on the part of the Registrar. South Carolina is one of the few States in which more than usual attention has been given to the subject of registration, and where the results have been correspondingly satisfactory.

According to the census of 1850, the population of South Carolina consisted of 668,507 individuals—of whom 274,563 were whites, 8,960 free colored, and 384,984 were slaves; the proportions of each race being—whites, 41.07; free colored, 1.34; and slaves, 57.59 per cent., the latter comprising a little more than one half the population of the State. In noting the rate of increase in each race during each decade of the last sixty years, it appears that while the whole population

has increased slowly, the rate of increase almost steadily diminishing, the proportion of slaves to the whole population has regularly advanced, that of the whites has fallen off correspondingly, while the free colored have remained nearly stationary.

"With regard to the proportion of sexes," says Dr. G., "137,747 were white males, and 136,816 females, or 99.32 females to 100 males. Of the free colored, 4,131 males, and 4,829 females, or 116.89 females to 100 males. Of slaves, 187,756 males and 197,228 females, or 105.04 females to 100 males. In the total population there was a preponderance of 2.80 per cent. for females—a very unusual condition of things, except in the New England States, where the females have always been in excess, as shown by every census. In all other parts of the United States the males are in excess from 4 to 10 per cent. In 1850, the total white population of the United States, including New England, gave a male excess of 5 per cent., and the total slave population of the Southern States only .05 per cent. The free colored population, however, gave a female excess of 8.16 per cent."

The whole number of births registered for the year is 20,054. Of these, we find that 10,237 were males, and 9,817 females, or 104.27 of the former to 100 of the latter. The largest male excess seems to be among the whites, this being 108.17 to every 100 females, while among the slaves there are 102.77. The greatest number of births of both classes took place in December, and the fewest in January and February. It is worthy of note, that the least fecundity seems to have characterized these two months in the three preceding years. The greatest fecundity in those years was in September, so that we infer the months most favorable to conception to be December, March and January. That December should stand first, may be partly attributable to the fact that more marriages are consummated in that month than in any other, as we shall see hereafter. The largest male excess was in January, which has always given the fewest births; while September, November and December, which produce the most births, show the smallest proportion of males.

The proportion of plurality births was 1 in 94.59 in both races, there being a larger number among the whites.

The number of marriages for two years past was about 1,600 for each year, by far the largest number having taken place in December, and the fewest in June. Of the men, it appears that nearly one half enter the connubial state below 25 years of age; while more than two fifths of the females marry in their teens, and nearly three fourths under 25 years.

Of deaths, from known causes there were 7,723; the largest number having occurred in August, and the smallest in January. The mortality, judging from the tables for four years, seems to increase pretty regularly from January to August, and then gradually to diminish. There were twenty-two deaths of persons of 100 years old and more; four of whom only were whites. The principal causes of death were pneumonia—which seems to be the most fatal disease—typhoid fever, dropsy and phthisis; the first-named disease being most prevalent in January and February, and typhoid fever in July.

The classification adopted by Dr. Gibbes, is that recommended by the American Medical Association in 1847, somewhat modified. It certainly, as the Registrar suggests, is to be preferred to that of Dr. Farr, as being more simple and better adapted to popular use.

A Practical Treatise on the Diseases of the Lungs, including the Principles of Physical Diagnosis. By WALTER HAYLE WALSHE, M.D., F.R.C.P. A new American, from the third revised and much enlarged English Edition. 8vo. Pp. 468. Philadelphia: Blanchard & Lea. 1860.

As the previous editions of this standard work on Diseases of the Lungs have already been noticed, we have little more to say at present of the volume before us, than that the work has been considerably enlarged, and presents a most careful and faithful study of the subjects treated of. It contains the results of the more recent examinations of the various acoustic phenomena; and the author has attempted to establish the practice of percussion on a new, and, as he regards it, "a more clinically-useful method" than has hitherto been adopted.

The Appendix, which is devoted to the subject of climate in its therapeutical relations, we regard as one of the most instructive and important in the book. In this age, when the conveniences of travelling are such that nearly every variety of climate is comparatively easy of access, this subject becomes one of peculiar importance, and the selection of any one best adapted to the condition of the patient a matter that of necessity demands an accurate knowledge of the various atmospheric, celestial and telluric influences, which in a great degree go to constitute the different climates of the earth. It must be remembered, however, that besides these influences there are still others which are wholly beyond the range of meteorological investigation. "We cannot," says our author, "announce, *a priori*, the influence which any one climate will exercise upon the inhabitants of another, though the meteorology of both regions be perfectly marked out according to the standard of existing physics."

Of the few general truths capable of being practically utilized, he regards the following as among the more important. Absolute temperature is of much less consequence than the relationship of the temperature of the new to the old. It is a grave mistake to suppose that a given climate cannot effect a beneficial change in consumptives, because the natives themselves more or less frequently die of phthisis. Extreme climates are, as a rule, injurious. Moderately frequent change from place to place is more efficient than a long sojourn in one place. Theoretically speaking, steadiness of temperature from day to day, with but slight nocturnal fall of the thermometer, ranks as a very important condition; but, practically, this turns out to be comparatively insignificant. Next to genial warmth, stands the dry and bracing; and, *per contra*, the moist and relaxing quality of climate. Places subject to wind, or to rapid alternations in the weight of the atmosphere, as indicated by the barometer, are unfit for pulmonary sufferers. The food of the proposed place of abode, the peptic qualities of the atmosphere, as well as the effect of the climate on the temper, should all be carefully considered with reference to the character, constitution and condition of the patient. Dr. Walshe's division of climates iuto groups, each characterized by distinct and well-marked peculiarities, is a good one; these are eight in number, and comprise every variety that could be made serviceable. We have not space to notice farther a book which must be regarded, on the whole, as one of the most useful of its kind that has recently appeared, and which we cordially recommend to those not already familiar with it.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

Nov. 12th.—*Malignant Tumor in a Fœtus.* Dr. Gay showed a fœtus, bearing a large tumor on the nates and lower part of the back. It was of a soft-solid consistence, covered with veins, and looked like encephaloid. After the fourth month of pregnancy, the mother experienced a great increase of size, with pain and general uneasiness, and had a feeling as if labor were approaching. She went on, however, until the sixth month, when regular labor-pains came on. The head presented, and, the membranes being ruptured, a gallon of liquor amnii was discharged. After the head and shoulders were born there was considerable delay, as if the body were retained by something behind. Several severe pains followed, and at length the whole was expelled, when it was found that the obstruction had been caused by the tumor, which was three times the size of the head.

Dr. Ellis said the tumor was found, by the microscope, to contain delicate cellular or fibrous tissue, and an abundance of small granular nuclei, with small, indistinct nucleoli, such as we sometimes see in disease which is clinically malignant, but which are not characteristic of cancer. In some respects the growth resembled a specimen which he exhibited several weeks since to the Society, but which also contained osseous formations. The present tumor contained no bone, but there were cartilaginous-looking points, which were of interest in this connection, and a multitude of cysts.

Dr. Jackson said he should not hesitate to call the disease encephaloid, and he should expect it to return if it had been removed from an adult. Perhaps in the secondary growth we might find microscopical appearances which were more characteristic of cancer. He had never before seen a specimen of cancer in a fœtus, nor does he know of one. He once saw a case of encephaloid disease of the testicle in a nursing child, which appeared when the patient was eight days old, and he referred to a specimen in the Society's Cabinet, of presumed congenital cancer, which is described in the Catalogue (page 43).

Nov. 12th.—*Is Procreation possible in a Man whose Penis has been removed?* Dr. Gay said that two years ago he removed the entire penis, close to the scrotum, from a man 56 years old, for cancer of the glans. Six months afterwards he examined the man, and could find no trace of the organ, but at the upper part of the scrotum, at its junction with the skin of the pubic region, could be seen a conical, corrugated, cuticular depression, an inch in depth, with a small, irregular opening at the apex, corresponding to the meatus urethræ. Lately the patient had come to him, saying that a woman had sworn a child on him, and asking whether he could be considered capable of fruitful sexual connection. He stated that during erection the penis was about the eighth of an inch in length, and that more or less of the depression always remained. He had emissions in his sleep, occasionally, but never during connection, as he knew. The rudiment of penis was covered with the ordinary integument, and no mucous membrane could ever be seen, and Dr. Gay thought that friction could hardly produce in it the sexual orgasm.

Nov. 26th.—*Death after Convalescence from Typhoid Fever.* Dr. Shattuck reported the following case.

Mr. H. M. Daniels, aged 24 years, a medical student, had typhoid fever, from which he was convalescent about the 1st of November. At that time, however, he had diarrhœa, which continued, and for which he took opiates and Port wine. His appetite was hearty. On Tuesday, Nov. 13th, he attended the inauguration of the Zoölogical Museum, at Cambridge, ate some indigestible food, and got quite tired. The next day, the diarrhœa ceased. On Thursday, he dissected from 2 till 10 o'clock, P.M., and then studied until midnight. On Friday morning he awoke with great distress from flatulence and pain in the bowels. On Monday evening he was brought on a litter to the Hospital, in great distress, vomiting frequently a greenish fluid. The abdomen was tympanitic and tender. The patient was moaning, and frequently changed his position. Tongue moist, with thin whitish coat; pulse 86. The next day he remained in the same state, and passed about two pints of fæcal matter, after enemata. On Wednesday, the pulse rose to 128; the skin was hot; there was frequent vomiting of a darkish green fluid, especially after taking liquids, which his great thirst impelled him often to do. The abdomen was tense, resonant, and painful on pressure. On Thursday, the pulse was 148. He said he had little or no pain. A fæcal odor was noticed in the matters vomited. The mind was clear, and the patient was cheerful. He died at 9 o'clock, P.M.

At the autopsy, which was made by Dr. Ellis, the small intestines were found slightly glued together, and there was general congestion of the peritoneum, but no pus was found in the peritoneal cavity, nor was there any perforation. No disease of the mucous membrane of the ileum was found in the six feet nearest the ileo-cæcal valve, but above this many patches of Peyer, though not at all elevated above the surrounding surface, were quite red and filled with numerous round or linear ulcers, none of which appeared to extend deeper than the submucous coat. The last two or three feet of the ileum were contracted, very red, and adhered quite firmly to the upper part of the pelvis. The intestine contained much bright-yellow, thick fluid. Nothing was found in the appendix. There was no enlargement of the spleen.

Dr. Jackson remarked that the condition of the patches was such as they usually present in the third week of typhoid fever, which was remarkable, considering the duration of the disease. He remembered a case, under the care of Dr. Strong, in which the appearance of the patches was quite recent, though the patient had died three months after the beginning of the fever.

Nov. 26th.—*Hæmorrhage from the Left Subclavian Artery.*—Dr. Lyman reported the case.

The patient, Crook, a healthy man, about 35 years of age, while eating his dinner, on Tuesday, Nov. 13th, was seized with a sense of constriction in the œsophagus, at about the level of the upper edge of the sternum, and though not conscious of having swallowed any hard substance, was convinced that something was lodged in his throat. He was first seen by Dr. Lyman about 4 o'clock of the same day. Examination of the throat revealed nothing abnormal. An œsophageal forceps (Bond's) was passed gently, well down the œsophagus, without meeting any obstruction. A probang, with an olive-shaped ivory bulb, was then introduced as far as the cardiac orifice of the stomach, without resistance, and likewise without relief. The patient was desirous that the proceeding should be repeated, but in

the absence of any clear evidence that the difficulty was due to the presence of any foreign body, and particularly as the patient could swallow fluids, he was advised to omit further interference until the following day, in the hope and with the belief that the feeling of constriction, whatever might be its cause, would disappear spontaneously.

Wednesday, the 14th, he appeared again, and though somewhat better, he desired to have the probang passed once more. This was done, but without relief. An ordinary sponge probang, such as is used for the larynx, but straight, was then well oiled, and passed its whole length, in the hope that any small foreign substance would be more easily caught by the sponge, and removed, and though nothing was felt, the patient expressed himself as much relieved, and went away.

Thursday, Nov. 22d, eight days having elapsed, Dr. Lyman was summoned, in haste, to Crook's residence in Roxbury, with the statement that he had fallen from a street-railway car, and was passing blood freely, both by dejection and vomiting. In answer to inquiries, he stated that he fell in consequence of faintness. There was no external injury. He had vomited and passed by the bowels a large quantity of dark, grumous, bloody-looking fluid, and in the dejection was found a clot of blood of the size of a pigeon's egg. He complained of great prostration and faintness, and more particularly of numbness, and loss of power in the left arm, especially of the two middle fingers. This symptom, in a less degree, together with an uneasy sensation in the left chest, it was now ascertained, had been more or less an annoyance to him since the 14th. In consultation with his attending physician, Dr. Allen, of Roxbury, and in view of the doubtful source of the hæmorrhage, aneurism was suggested, though the probability of ulceration, caused by some foreign substance, swallowed on the 13th, was of course not lost sight of. On Friday morning, the 23d, he was thought to be more comfortable, though the hæmorrhage continued to some extent. On Saturday, the 24th, he was much in the same condition; but at 2 o'clock, he vomited a large quantity of grumous matter and blood, became immediately unconscious, and died soon after five.

The autopsy, seventeen hours after death, by Dr. Ellis, revealed the following appearances:—

Nothing remarkable externally, except excessive paleness. The soft parts were all removed together, from the tongue to the duodenum, inclusive. During their removal there was noticed a thickening of the tissues in the neighborhood, and a firmer attachment to the spine than usual.

In the left side of the œsophagus, half an inch below the lower edge of the thyroid, was an opening a quarter of an inch in length, with smooth edges, communicating with an elongated cavity two inches in length, with dark-brown, loose, offensive walls, and containing a little offensive fluid of the same color. This cavity opened below into the left subclavian artery, at a point about an inch from the aorta, by a rounded orifice, two lines in diameter, the edges of which were thin, and dark-brown. No evidence of a foreign body was found at the autopsy, but on subsequent examination of the diseased part, an exceedingly small spiculum of wood, perhaps three lines in length, one in breadth, and of almost inappreciable thickness, was discovered in the

cavity. About three inches below the opening in the œsophagus were two irregular red patches, denuded of epithelium, and bounded inferiorly by a short transverse band, nowhere entirely detached. The thoracic organs were all healthy. The stomach contained a large mass of freshly-coagulated blood.

Dr. Lyman remarked that there was a great deal of obscurity as to the nature and cause of the lesion. It might possibly have been caused by the instruments used to remove the supposed foreign body, but this seems very unlikely, as they passed with perfect ease, no force whatever having been used. A spiculum of bone, or other substance, swallowed by the patient, might have pierced the œsophagus and artery; though the minute shaving of wood, found in the cavity, could not possibly have done this. Lastly, the case might have been one of œsophageal abscess; but if so, it was preceded by no chill, or other symptom common in the formation of pus. Dr. D. was quite confident there had never been a bone in the throat, and the patient had not been conscious of anything of the kind in eating.

Dr. Jackson had examined two or three fatal cases of suppuration in the cellular tissue about the œsophagus. In all of them the disease was extensive, and they contrasted strongly with Dr. L.'s case, in which there was no appearance of pus or lymph.

Dr. Cabot suggested that the blood passing through the cavity might have washed out the pus, and that the other appearances of inflammation might have disappeared before death.

Dr. Ellis remarked that several quarts of blood must have passed through the cavity.

Dr. Warren said he had never known any injury to follow the use of the probang, which is remarkable, considering the force sometimes employed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 13, 1860.

Forgery of a Diploma.—We have already spoken of the ease with which medical diplomas are obtained in this country, and the consequent depreciation in their value. We do not, therefore, expect that any one will take the trouble to forge a diploma here, as it might be an obstacle to his success; but, if the following case serve no purpose as a warning, it may afford some gratification to those interested in the standing of the profession abroad:—

At the Dumfries Circuit Court, on the 28th Sept., before Lord Cowan, David Gibb, medical student, Glasgow, was charged with the crimes of 'falsehood and forgery, in so far as, on or about Tuesday the 3d July, 1860, at or near Rosehall, in the parish of Dumfries, said David Gibb, being desirous of obtaining the appointment of assistant-surgeon to the Dumfries, Roxburgh, and Selkirkshire Militia, did wickedly and feloniously, at aforementioned place, write and fabricate, or cause to be written and fabricated, a simulated document purporting to be a diploma of competence from the Faculty of Physicians of Glasgow, and did utter and use such document, he well knowing it to

be a forgery.' The panel pleaded guilty of uttering and using such document. Mr. A. T. Boyle, prisoner's counsel, in extenuation, said that the panel, as a student in the Andersonian University of Glasgow, bore the most irreproachable character. Mr. Boyle produced certificates to that effect from Professors Bell, Morton, and Penny, of the Andersonian University, Glasgow, and from Dr. Watson of the Royal Infirmary there. Mr. Boyle said it had not been out of any sordid motives that his client had uttered this document. It was well known that the salary of an assistant-surgeon was a mere trifle, while the expense of equipment was considerable. It had been out of a desire—he might almost say a boyish desire, for at that time Mr. Gibb was scarcely twenty—to enter the ranks of such a regiment as the Dumfries Militia, that in an evil moment he had yielded to ill advisers, and uttered this document. He had made every reparation in his power by repaying the small sums he had received as salary while performing the duties of assistant-surgeon; and he (Mr. Boyle), hoped that his Lordship would take as lenient a view of the matter as possible, in consideration of the youth of the panel and the misery he had endured since that unhappy occurrence. Lord Cowan said that it was one of the most painful cases he had ever met, that a young man of the education, character, and talents which the prisoner appeared to possess, should ever so far forget himself as to commit this breach of law. It was within his recollection when forgery was visited with the highest penalties of the Court. Luckily, this case was not one such as the forgery of bank bills, but one which had been of little benefit to the panel. But, even looking at the present offence in its mildest form, he could not, sitting there to award impartial justice, visit it with a less penalty than twelve months' imprisonment, to show all that in this country no good could be attained by evil. He hoped that when the prisoner was restored to society this would prove a lesson to him.—*Dumfries Standard.*

Vermont Asylum for the Insane.—From the Twenty-Fourth Annual Report of the Superintendent, it appears that 574 have enjoyed the benefits of the institution the past year. There were 431 remaining at the commencement of the year; 143 have been admitted; 138 have been discharged, and 436 now remain. Of those discharged, 58 have recovered.

The income for the past year has been $59,270.28, and the expenditures $57,809.68, leaving a balance of $1,460.60, which it is believed will more than balance the bad debts for the same time.

Improvements are constantly being made for the comfort and welfare of the patients, and the facilities are increased for their restoration.

The Trustees state, in their Report, that in their visits to the Asylum, they have noticed the comfort and good order which everywhere prevailed, and believe the designs of the Institution are carried out in a faithful and judicious manner.

Mortality of Providence, R. I.—From the monthly report of the City Registrar, Dr. Edwin M. Snow, we learn that the number of deaths in November was 28 less than in October, and only two more than in November, 1859. Of the whole number of decedents during the last month, there were 36 males, 34 females; 59 of American

and 11 of foreign *nativity;* 40 of American and 30 of foreign *parentage;* only 21 under 5 years of age, while 29 were over 40 years, and 14 over 60 years; 30 were on the east side, 37 on the west side, and 3 in public institutions. Twenty deaths were caused by consumption, 8 by inflammation of the lungs, 3 by diphtheria, 3 by typhoid fever, and 3 by dysentery. There was not a single death from croup, scarlatina, or smallpox, all of which usually prevail at this season. The whole number of deaths was seven less than the average in November for the last five years.

At the present time the health of the city is extremely good for the season; there is scarcely any scarlatina, no smallpox, and very little typhoid fever here. Diphtheria is quite prevalent in all parts of the city; but of a very mild character. There have been probably hundreds of cases during the last five weeks, with only three deaths. Of these, two were German and one Irish children. The disease seems to be more fatal at present in the neighboring towns than in the city.

Rail-Car Ventilation.—The City Inspector, of New York, in his Annual Report for 1859, makes the following remarks, which apply equally well to this locality:—

"The want of proper ventilation in the rail-cars of the city has become a subject of importance to the travelling community. Under the most favorable circumstances, the travel in the cars in this city is attended with no inconsiderable hazard to those whose business compels their use. It is of frequent occurrence, with at least one of the up-town trains, to stop and take in invalids when they present themselves, who may be on their way to some public hospital, without regard to the health of the other passengers. Frequently from thirty to forty persons are crowded together in these cars, the doors closed, and with no escape for the foul air that is immediately generated. All complaints upon this subject are unavailing; to the managers gain is everything, the public health and convenience nothing. Many of our citizens prefer cold and exposure, from a stand outside of the car, to the hazard of contagion from a seat within."

Tracheotomy in Croup.—M. Henriette, of the St. Pierre Hospital, Brussels, in a note to Professor Thiry, states that having well nigh abandoned this operation, after repeated failures, his confidence in it has of late been restored by several instances of success, he having had four recoveries out of eight operations performed since the end of last year. He believes the chief cause of its failure is the delay in resorting to the performance of the operation. As soon as medical means have failed, and the early symptoms of asphyxia are present, when, indeed, we can otherwise only look to chance for success, we should at once operate before the child's powers become too much exhausted.—*Presse Méd. Belge,* No. 34.

Preparation of Carbonic Acid.—Messrs. Meschelynck and Lionnet have devised a means of preparing large quantities of carbonic acid from carbonate of lime, at a comparatively nominal cost. The operation consists in passing the vapor of water over carbonate of lime. It is well known that chalk undergoes decomposition at a moderately

high temperature, and that the change is much promoted by the presence of steam; but the authors indicate that if the chalk be subjected at 100° to a current of steam, the whole of the carbonic acid is disengaged with sufficient rapidity to render the process a convenient one for use upon the large scale.

The authors recommend the following mode of operating:—Refractory earthern retorts, filled with chalk, are heated to dull redness in a reverberatory furnace. Currents of steam are then passed through the retorts, when large quantities of carbonic acid are immediately evolved.—*London Pharmaceutical Journal.*

Dr. Hubbard, in the *Nashville Journal* for November, 1860, in noticing a case reported in this Journal, in which the twins weighed at birth 17 pounds and 5 ounces, mentions a case which occurred in his own practice, in which the twins weighed $18\frac{3}{4}$ pounds—the boy $8\frac{3}{4}$ pounds, and the girl 10 pounds. In this case both children presented by the head, and in first position—a rare circumstance.

Military Surgery.—Prof. Frank H. Hamilton, of the Long Island College Hospital, will give his next preliminary course on this topic, with which he has acquired great familiarity. Our army surgeons, and those intending to become such, will find such a course profitable to them, as it will be to medical students generally.—*Am. Med. Gazette.*

Dr. Clarkson T. Collins, formerly Editor of the New York Medical and Surgical Reporter, has relinquished his medical institution in Great Barrington, and will spend some time in visiting Cuba and the Southern States.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, December 8th, 1860.

DEATHS.

	Males.	*Females*	*Total.*
Deaths during the week,	31	37	68
Average Mortality of the corresponding weeks of the ten years, 1850–1860,	36.1	33.2	69.3
Average corrected to increased population,	..	..	77
Deaths of persons above 90,	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Infan.	Scar. Fev.	Pneumonia.	Measles.	Smallpox.	Dysentery.	Typhoid Fever.
13	0	5	9	0	0	0	1

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer,	29.755	Highest point of Thermometer,	41°
Highest point of Barometer,	30.198	Lowest point of Thermometer,	17°
Lowest point of Barometer,	29.250	General direction of Wind,	West & N.W
Mean Temperature,	30°.1	Whole am't of Rain in the week	0.570*

* Melted snow. First snow fell on 4th instant.

Books Received.—Communications of the Rhode Island Medical Society for the year 1860.—Object and Plan of an Institute of Technology, &c.—An Introductory Discourse on Speculative and Inductive Medicine, by Henry Hartshorne, M.D., Prof. of Theory and Practice of Medicine in the Medical Department of Pennsylvania College.—Twenty-Fourth Annual Report of the Vermont Asylum for the Insane.

Died,—At Bedford, N. H., Dec. 4th, Peter P. Woodbury, M.D., aged 69 years.

Deaths in Boston for the week ending Saturday noon, December 8th, 68. Males, 31—Females, 37.—Accident, 1—disease of the bowels, 1—congestion of the brain, 1—inflammation of the brain, 4—bronchitis, 1—burns, 1—consumption, 13—convulsions, 1—croup, 2—debility, 3—dropsy, 3—dropsy of the brain, 3—drowned, 1—scarlet fever, 5—typhoid fever, 1—gangrene of the lungs, 1—disease of the heart, 3—intemperance, 3—congestion of the lungs, 1—inflammation of the lungs, 9—marasmus, 1—old age, 2—paralysis, 1—pleurisy, 1—scrofula, 1—rupture of the uterus, 1—unknown, 3.

Under 5 years, 27—between 5 and 20 years, 5—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 10. Born in the United States, 45—Ireland, 19—other places, 4.